CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Susan Starkey	OFFICE USE ONLY				
Name (2) 2622 East Orchard Circle Address (number and street) Davie, FL 33328 City, State, Zip Code	- Post red 1/2/18				
Check here if address has changed	(3) I.D. Number: <u>00000</u>				
(4) Check appropriate box(es):	()				
Candidate (office sought):					
(5) REPORT I					
Cover Period: From <u>10/20/2018</u> To <u>11/01/2018</u>	Report Type:G7				
X Original Amendment Special Elec	tion Report				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks\$4,580.00	Monetary Expenditures \$16,864.04				
Loans \$0.00	Transfers to Office Account \$0.00				
Total Monetary \$4,580.00	Total Monetary\$16,864.04_				
In-Kind\$0.00_	(8) Other Distributions\$0.00				
(9) TOTAL Monetary Contributions to Date	(10) TOTAL Monetary Expenditures to Date				
\$53,289.08	\$39,400.00				
(11) CERTI	IFICATION				
It is a first degree misdemeanor for any perso	on to falsify a public record (ss. 839.13, F.S.)				
I certify that I have examined this report and it is true, correct and complete:					
Susan Starkey	Susan Starkey				
Individual (only for IE or Efectioneering commun.)	X Candidate Chairman (only for PC and PTY)				
X usan Starlier Signature	X Sysan Starkees Signature				

CAMPAIGN TREASURER'S REPORT - ITEMIZLD CONTRIBUTIONS

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(1) Name	Susan Starkey	(2) I.D. Number	00000	
(3) Cover Peri	od 10/20/2018 - 11/01/2018	(4) Page	1 of 2	

(5) Date (6) Sequence Number 10/22/2018	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8) ntributor	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address &		ntributor			1 1	
Sequence Number	Street Address &						
		Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
1	Confection Connection Inc 18851 NE 29th Avenue, StE 1010 Aventura, FL 33180-0000	В	Retail	CHE			\$ 1000.00
		-					
10/22/2018	Ronald Book PA 18851 NE 29th Ave., STE 1010 Aventura, FL 33180-0000	В	Law Firm	CHE			\$ 1000.00
2							
10/25/2018	Calhoun, Hope Williams 5080 Sweetwater Terrace Cooper City, FL 33330-0000	Ī	Attorney	CHE			\$ 250.00
3							
10/25/2018	Dickerson, Dwayne L. 2915 NW 84th Terrace Cooper City, FL 33024-0000	I	Attorney	CHE			\$ 250.00
4			,				
10/25/2018	Backman, Scott 12495 NW 67 Drive Parkland, FL 33076-0000	I	Attorney	CHE			\$ 250.00
5							
10/25/2018	Dunay, Miskel and Backman, LLP 14 SE 4th Street, Suite 36 Boca Raton, FL 33432-0000	В	Law Firm	CHE			\$ 1000.00
6							
10/30/2018	Bailey, E. Lamar 3406 Lakeshore Drive Tallahassee, FL 32312-0000	l	Yacht Dealer Investor	CHE			\$ 500.00
7							
10/30/2018	J.D. Backhoe, Inc. 4300 SW 59 Avenue Davie, FL 33314-0000	В	Construct	CHE			\$ 200.00
8			,				

This form is based on DS-DE 13 (Rev. 11/13)

Adjutant Workshop, Inc. - Campaign ToolBox

CAMPAIGN TREASURER'S REPORT - ITEMIZLD CONTRIBUTIONS

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(1) Name	Susan Starkey			(2) I.D.	Number	00000	
	od 10/20/2018 - 11/01/2018			(4) Pag	ge	2 of 2	
(5) Date	(7)		(8)	(9)	(10)	(11)	(12)
(6) Sequence	Full Name (Last, Suffix, First, Middle) Street Address &		ntributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	
11/01/2018	DeLucca, Lauren Kathryn 2200 SW 92nd Ter, Apt 2801 Davie, FL 33324-0000	1		CHE			\$ 10.00
9							
11/01/2018	DeLucca, Terri L. 9160 Old Orchard Road Davie, FL 33328-0000	I		CHE			\$ 100.00
10							
11/01/2018	DeLucca, Sean 9160 Old Orchard Rd. Davie, FL 33328-0000	I		CHE			\$ 10.00
11							
11/01/2018	Lindner, Lindsey 9160 Old Orchard Rd. Davie, FL 33328-0000	I		CHE			\$ 10.00
12							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

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(1) Name	Susan Starkey		(2) I.D. Number	00000	
(3) Cover Perio	od 10/20/2018 - 11/01/2018		(4) Page	1 of 2	
(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/20/2018	Cowan, Scot 6780 SW 16th Street Plantation, FL 33317-0000	Data/consult	MON		\$ 2500.00
1					
10/20/2018	Lcs Mailing Services 5055 NE 13 Avenue Oakland Park, FL 33334-0000	Postage	MON		\$ 1092.00
2					
10/24/2018	Boardroom Communications Inc. 1776 North Pine Island Road Plantation, FL 33322-0000	Video's	MON		\$ 1500.00
3					
10/24/2018	Natioanl Campaign Resources Group, LLC 11380 Prosperity Farms Rd, Ste 22	Advertising	MON		\$ 3771.00
4	Palm Beach Gardens, FL 33410- 0000				
10/24/2018	Starkey, Susan 2622 East Orchard Circle Davie, FL 33328-0000	Reimburse Expenses	MON		\$ 289.04
5					
10/26/2018	Natioanl Campaign Resources Group, LLC 11380 Prosperity Farms Rd, Ste 22	Advertising	MON		\$ 3422.00
6	Palm Beach Gardens, FL 33410- 0000			=	
10/26/2018	Padilla, Margie Daivie, FL 33328-0000	Campaign help	MON		\$ 130.00
7					
10/26/2018	Facebook Inc. 1 Facebook Way Menio Park, CA 94025-0000	Advertising	MON		\$ 25.00
8					

This form is based on DS-DE 14 (Rev. 11/13)

Adjutant Workshop, Inc. - Campaign ToolBox

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(1) Name	Susan Starkey		(2) I.D. Number	00000	
(3) Cover Perio	od 10/20/2018 - 11/01/2018	***	(4) Page	2 of 2	
(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/28/2018	Lcs Mailing Services 5055 NE 13 Avenue Oakland Park, FL 33334-0000	Advertising	MON		\$ 4085.00
9					
10/29/2018	Facebook Inc. 1 Facebook Way Menio Park, CA 94025-0000	Advertising	MON		\$ 50.00
10					
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

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(1) Name	Susan Starkey		(2) I.D. Number	00000	1,000
(3) Cover Perio	od 10/20/2018 - 11/01/2018		(4) Page	0 of 0	
(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Related Expenditures	Amendment	Amount
	Nothing to report on the	nis form			
				,	

CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

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(1) Name	Susan Starkey		(2) I.D. Number	00000	
(3) Cover Perio	od 10/20/2018 - 11/01/2018	······································	(4) Page	0 of 0	
(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Name of Financial Institution Street Address & City, State, Zip Code	Transfer Type	Nature of Account	Amendment	Amount
	Nothing to report on thi	s form	_		
	2				
					-
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